

Print or type complete name and mailing address below

Date
Due Date

VERIFICATION OF PERSONAL INFORMATION

You must complete and sign this form. Mail **or** fax this form to the address or fax number at the top of this form. We must receive your form by the **Due Date**. If you do not send back this signed form, we cannot pay benefits. If we receive this form after the **Due Date**, we cannot pay benefits for the weeks before we received the form.

Items **1** through **4** (below) list information that you gave us when you signed up for unemployment benefits. If anything is incorrect, cross it out, and write the correct information. Complete Item **6**, if needed, and Item **7**. Not telling the truth in order to collect unemployment benefits is against the law.

1. Social Security Number	2. Date of Birth	3. Telephone Number
4. Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If No , make sure your alien permit number is correct or write it in Item 5 .		5. Alien Permit Number
6. If not a U.S. citizen, do you have lawful authorization to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
7. To get unemployment benefits, you must have one of the following types of identification (ID). You must give us the ID number and the expiration date. Check the box next to the type of ID you have. <input type="checkbox"/> Colorado Driver's License/Colorado ID Card <input type="checkbox"/> Native American Tribal Document <input type="checkbox"/> U.S. Military Card/Military Dependent ID Card <input type="checkbox"/> U.S. Coast Guard Merchant Mariner Card <input type="checkbox"/> Other State or Canadian Driver's License/Other State ID Card Issued by _____ Write the ID number and the expiration date, if any, for the type of ID you checked. ID Number _____ Expiration Date _____		

Affirmation

I affirm under penalty of perjury that the above information is true, correct, and complete to the best of my knowledge. I understand my lawful presence in the U.S. is verified before UI benefits are paid. I affirm that I am a U.S. citizen, a legal permanent resident, or otherwise lawfully present in the U.S. I understand there are severe penalties for providing false statements and willfully misrepresenting information in order to obtain or increase UI benefits. I authorize the release of any and all information necessary to determine my eligibility for UI benefits and to establish a debit-card account for the payment of UI benefits. I understand this may include releasing information to former employers, state and federal agencies for verification purposes, and the Colorado Department of Labor and Employment's financial institution. Information may also be shared with other public agencies in accordance with the Colorado Employment Security Act 8-72-107 (1).

Sign and date below that you read and understood the **Affirmation**.

Signature

Date

If you changed any of the information we printed on this form, check this box. ☐

Office Use Only

Claimant Social Security Number	First Four Letters of Last Name	First Day of Claim
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